Wonderful Blood Donation

Wonderful Blood Donation: Devotion and Asceticism in the Indian Blood Donation Encounter

> "But at a deeper level, the horror and wonder of the blood endured, and it was the blood of sacrifice..."
>
> Caroline Walker Bynum, *Wonderful Blood*

Figure 1 [Fig 1] shows a full bottle of blood, and yet the blood keeps on coming to fill it up. The illustration accompanies an article by the popular historian of blood donation and transfusion Douglas Starr called 'The 9/11 Blood Disaster' (2002). As is well known, in the immediate aftermath of the attacks, thousands of Americans lined up to donate their blood. The problem with this patriotic offering, says Starr, was that, faced with an unprecedented turnout, the American Red Cross and other organizations over-collected so massively that they had to discard thousands of gallons of donated blood (see also Waldby and Mitchell 2006: chapter 1). In the process, money was wasted and sub-par blood was collected (Starr 2002). Worse still was the general loss of faith in America's blood-collection system which produced a slump in donations from which the US is still trying to recover (ibid).

What has this to do with the Indian situation? Such a predicament of over-collection in fact takes us to the heart of one of the most remarkable, and also most problematic, aspects of blood collection in the country. Over recent years religious movements, in particular those led by gurus, have become critically important providers of voluntarily donated blood throughout India. The devotees of guru movements vie to donate the most blood in a kind of national league of virtuous beneficence. The successive setting and surpassing of world records has turned the collection of blood by religious movements in India into something akin to a system of 'alternating disequilibrium', as described by Andrew Strathern (1971: 222), one group achieving the record and being dominant until another group breaks it, and so on.

But their exploits extend far beyond mere national boundaries. These devotional orders seek international recognition by way of achieving entries in *The Guinness Book of World Records* for most blood donations made in a single day. For instance, if you were to open the 2005 edition of *The Guinness Book of World Records* at the 'Medical Marvels' section, which includes such entries as most foetuses in a human

body, most surviving children from a single birth, most operations endured and most hand amputations on the same arm, you would learn of the achievement of a north Indian devotional order in collecting most units of blood in a single day: the 12,002 450 millilitre units collected by the Dera Sacha Sauda devotional order, says the book, 'is the equivalent of 67 bathtubs of blood!' [Figures 2 & 3: Guinness record certificate & web image].

Doctors express both delight and distaste at these great spectacles of blood giving. Many of them are highly critical of the excessive donation of blood at mass donation events; one doctor, for instance, described them to me as 'blood massacres' because of the high level of wastage that results (either because such an extraordinary quantum is simply not required, with many units consequently expiring, or because of a relaxing of medical standards that results in a preponderance of 'quality not sufficient' units). At the same time, however, doctors remain dependent on these movements for their blood supply and so felicitate them at awards ceremonies, where they lavish the gurus with thanks and praise—thus revealing the conflicted nature of their professional selves.

What makes the fervour of devotional blood giving events all the more striking is the extreme aversion to blood donation of the population at large. This helps explain why albeit infuriated doctors are simultaneously in awe of these great spectacles of blood giving. They have spent their professional lives unsuccessfully trying to persuade people to donate their blood, and now there's this extraordinary surfeit of it. Such devotion-inspired avidness raises critical questions to do with asceticism, religious merit and public policy, which I address below.

Context of Donation

The backdrop to my ethnographic research on Indian blood donation practices was recent legislation initiated by the Indian medical establishment seeking to stop blood banks accepting blood on the basis of payment to individual donors and also demanding an end to the prevailing *ad hoc* family-based system of provision. The public policy orthodoxy informing the legislation asserts that the safety of donated

blood is far greater when deriving from voluntary, non-remunerated donors in an anonymous system of procurement. The banning of paid donation, and the phasing out of replacement donation, has required innovative strategies on the part of blood banks to radically increase voluntary blood donation.

The project to foster voluntary blood donation is thus necessarily expansive; new constituencies of donor must be sought and enrolled. The Red Cross, with which I was associated during my stay in Delhi, takes its donor beds to donors, each day driving its 'blood mobile' to college, corporate and religious settings in order to collect blood. Political parties also donate blood at their rallies in order to demonstrate their largesse and willingness to engage in 'service' (*seva*) of their constituents (actual or potential). Donation events take place in a diverse array of environments, and can range from the relatively quiet, methodical and mundane in corporate office locations, to open-air carnival-style events at which Rajasthan steel bands preside, and political party activists join hands around the prostrate figure of a donating politician while chanting 'long live Sonia Gandhi', or whoever. Blood donation is indeed a key site of political expressivity in modern India.

[Fig 4]. Figure 4 depicts a donation event staged by the Congress political party on the death anniversary of former Indian Prime Minister, Rajiv Gandhi. His garlanded portrait is visible above the donating party members. Rajiv Gandhi was assassinated by a Tamil Tiger suicide bomber in 1991. It should be noted that the commemoration of bloodshed through acts of blood donation is a marked feature of blood donation events in India. For example, for donor recruiter Dr. Ajay Bagga from Hoshiarpur, Punjab state, it is 'the memory of the bullet-ridden, blood-soaked body of his father [a political leader in the Punjab Pradesh Janata Party, who was assassinated by militants in 1984] which propelled him towards the blood donation movement'.[1] Further, Indian soldiers who died in the 1999 India-Pakistan Kargil conflict are now remembered annually through blood donation camps staged in their honour. As I argue in my book on these matters (Copeman 2009), blood donation events staged in honour of soldiers considered to have shed their blood for the nation share with those held in memory of assassinated politicians such as Indira Gandhi and her son Rajiv

[1] *The Tribune*, 25 Sept. 2006.

Gandhi follow a fairly familiar sacrificial template—commemorative blood donation retrospectively bestows the original death with capacities of regeneration, the victim bringing forth new life via the blood donations enacted in his or her memory.

[Fig 5] Figure 5 shows Jawaharlal Nehru, the first post-independence prime minister of India and Rajiv Gandhi's grandfather, donating blood in 1942. At the time, there was an outcry: *Time* magazine reported that 'Jawaharlal Nehru, 56, drew a rebuke from followers for donating to a blood bank. His health, they protested, is "national wealth, which should be preserved." He should really "abstain from such destructive sacrifices."'[2] Nehru probably felt that he was sacrificing for the nation, but his 'followers' viewed his donation as unpatriotic in presuming its harmful effects on his health. Nehru's donation, so his followers thought—because of his political indispensability—was a sacrifice *of* rather than *for* the nation. As I have mentioned, however, donating blood has now become a key mode of articulating ethical and patriotic citizenship, with gurus and politicians vying to organise donation events, and in the case of politicians, disclosing on their CVs the number of times they have personally donated.

I have sought so far to give an indication of the diversity of locations in which blood donation events are staged, and to show how the Red Cross and other medical organisations actively seek to activate new blood donor constituencies. As one might imagine, this is resulting in the rapid proliferation of new relationships between medical institutions and other societal segments; and the sheer multiplicity and diversity of the actors involved has led to a striking plurality of understandings arising around blood donation (see Copeman 2009).

However, despite the assortment of government and NGO campaigns to boost voluntary, non-remunerated blood donation in the country, family-based replacement donation (where relatives donate for one another) still accounts for more than 50 percent of all donated blood in India. In Delhi, where I worked, the figure is far worse, with less than 19 percent of the total collection comprising voluntary

[2] http://www.time.com/time/asia50/c_peop1e.html

donation.[3] The reasons for this are diverse, ranging from an abject lack of coordination between different blood banks to a widespread perception that blood donation is a dramatically unhealthy, even life-threatening activity. The 'prick' of donation is particularly terrifying. As one donor told me: 'When I got vaccinated and my skin was pierced I felt it was bursting my body and everything inside would spill out. It will never stop'.[4] Many blood donors find the vision of their blood leaving their bodies and flowing into bags highly disturbing. Doctors in several blood banks cover blood bags with a cloth while they fill in order to avoid donors pulling away from the needle when they see the bag fill with their blood.

Fear of impotence and infertility are also often cited as reasons why people prefer not to donate their blood. More than once I was told by those reluctant to donate that the reason they couldn't donate was because they were getting married the next month, the implication being clear. There is a litany of other grounds for declining to donate which range from fear of resulting blindness to unamenable weather conditions—indeed some hold that the summer heat dries up their blood. The most important reason, however, is the widespread understanding of blood loss as leading to permanent *volumetric deficit*. This was frequently expressed to me in the following way: 'If I donate blood I will need a transfusion, so why should I give?' In an effort to counter this perception, doctors compare blood donation to having one's hair or nails cut: blood, they say, like these other detachable substances, re-forms and returns.

Devotion and Donation

Though the set of campaigns to foster voluntary donation has faltered, there is, on the face if it, one important success story: devotional movements—particularly those in

[3] The *National Guidebook on Blood Donor Motivation* (Ray 2003), an Indian government publication, estimates India's blood need as 8 million units per annum. The constant stream of new, blood-requiring treatment techniques causes this figure to increase year on year. The total annual collection figure, says the *Guidebook*, is 4 million units, with roughly 2 million of these being voluntary donations and 2 million replacement (op cit: 203). The gap between demand and supply is extremely serious and results in many preventable deaths; however, not as many as the figures may suggest—there are several established alternatives to transfusion, and doctors are reported to over-prescribe blood (Bray and Prabhakar 2002: 477).

[4] Arnold (1993) records the acute anxieties harboured by many nineteenth-century Indians about the extractive aspects of western medicine as practiced by their colonial masters.

what is known as the *sant* tradition—have in recent years become enthusiastic providers of donated blood. The *sant* Nirankari Mission *alone* provides as much as 20% of the capital's voluntarily donated blood. The *sant* tradition is not exclusively Hindu or Sikh but venerates the teachings of *sant*s who have been important and influential in each religion. In the devotional contexts I have been exploring, distinctions between Hindus and non-Hindus and indeed distinctions of caste and other internal differentiations of 'community' are downplayed in favour of shared devotional attachment to a spiritual master. The fourteenth and fifteenth centuries saw an efflorescence of *sant* poets such as Kabir, Nanak, Ravi Das and Nam Dev. Most espoused versions of *bhakti* (often glossed as devotion), a religious attitude which implies a "participation" in the deity and a love relationship between the individual soul and the Supreme Lord, *Bhagavan* (Vaudeville 1974: 97). While initiates derive from a very wide stratum of caste and class groups, the majority of *sant* devotees are fairly economically disadvantaged.

I have referred to the widespread perception in the subcontinent that blood donation results in a permanent volumetric deficit. According to such a view, giving blood is not so different from donating a kidney—it's lost forever. That so many *sant* devotees donate their blood would appear to suggest that they have been persuaded by doctors' argument that blood donation is a safe procedure. But this is not the case—and yet they continue to donate their blood. This is because they feel protected from the ill effects of extraction by the blessings of the guru, believing that true devotion results in a replenishment of substance that would not otherwise occur. What transpires, in other words, is divinized replenishment. As one devotee, having donated, declared to me: 'I feel fresher and well. *Shakti* (strength) has come from Baba Ji's (the guru's) blessings. We pray for more blood so we can give again'. Another devotee expressed her view that 'After seven days Baba [that is, the guru], through his blessings, replaces the blood'.

So it is not that these devotees differ from the majority of Indians in viewing blood donation as a safe activity, but rather that they see themselves as being exempt from the ill effects that would ordinarily ensue. So in my work I have taken up Cohen's (2004) idea of '*as if* modernity'. In donating their blood, devotees appear to evince confidence in the claims of medical science about the harmlessness of blood donation

to the donor. Many devotees, however, are extremely dismissive of such claims, and yet continue to donate precisely *as if* they had undergone a transformation of reason.

Devotees are particularly eager to donate their blood either in the guru's presence or before photographs of the guru, since it is from the guru's divine image that his protective blessings are typically thought to emanate—this is called gaining the guru's *darshan*. Blessings derived from vision of the guru are integral to the divinized replenishment I mentioned a moment ago [Figs 6 & 7]. Devotees say that blessings stream from the guru's eyes and hands. The eyes in popular Hindu religion are energy centres and energy transmitters; hence the meeting of eyes between master and devotee is a moment of dramatic spiritual interaction (Juergensmeyer 1991: 84). Since it is precisely energy that many Indians think blood donation drains them of, it is not surprising that devotees, many of whom remain unconvinced by doctors' claims about the safety of donation, seek a direct connection to the guru's replenishing vision as they donate. Energy, as it were, simultaneously exits and enters through veins and eyes respectively. Devotees 'drink' energy through their eyes, even as it drains from the prick in their arms.

The ingenuity of blood bank doctors has been in recognising the power and intensity of the relationship that exists between gurus and their devotees and enlisting it for their own collection ends. Doctors realise that if they're able to persuade particular gurus to endorse blood donation and hold donation events in their devotional centres, they can cut down on the difficult and laborious task of issuing generalised appeals for blood donors from the population at large: once the guru is motivated, recruiters assume that devotees' will automatically comply. Doctors treat gurus' devotees as a shortcut method of acquiring blood; the recruitment of the guru constituting the *en masse* recruitment of his many followers.

What I have sought to emphasise in my work, though, is that this is not merely a story of doctors' one-sided appropriation of the guru-devotee relationship in order to fulfil their own requirements. The story, rather, is of the mutually beneficial interdependence, or 'interoperability', that exists between *sant* movements, which employ voluntary donation as a means to enrich and transform the experiential basis of its religious life, and the project of fostering voluntary (non-remunerated) blood

donation, which tactically mobilises the devotional relationship as a critical source of its blood.

Nirankari devotees treat blood donation as a form of spiritual perfectionism. Central to this is their view that blood giving is an operation with *moral* as well as physical consequences for recipients. Devotees frequently told me that they see their donated blood as a vessel for the conveyance of their moral and affective qualities of love and *gyan* (spiritual knowledge), which they see as forming the basis for patients of transformative transfusions of spirit. The emphasis, as it were, is as much on changing recipients as saving them. Devotees say their love is in their blood; affect is tangible. And this liquid love is adhesive, viscous love which will cause recipients to become attracted to the Nirankaris, despite not knowing from whom the blood they receive derives. This adhesiveness gives blood donation expansive potential as a subtly transformative means of contributing to the growth of the Nirankari devotional order.

The role of substance in instantiating involuntary conversion - conversion that, so to speak, takes places 'beneath the skin' - is well known to Indianist scholars. The final spark that precipitated the 1857 Indian Mutiny is widely believed to have been soldiers' belief that the cartridges provided by the British had been greased with fat from cows and pigs. The soldiers had been told that the object of their foreign masters was to make them all Christians. The first step in the course to Christianity was to deprive them of their caste through the defilement produced by biting greased cartridges. Having become out-caste, they must, in despair, accept the religion of their masters. There are many more recent similar examples of this highly charged politics of substance. Nirankari devotees say things like: 'The recipient will get the gene of a Nirankari and join our group. We can join to his body so he can join this mission'. One devotee told me: 'we feel love always. We feel love inside and the genes in our blood become loving genes. This loving blood will go to others and affect them so they will also follow truth and love'. And an elderly female devotee informed me: 'If there is some sugar in a box, from that box you won't take out chillies, and from a box with chillies in you won't take out sugar. If you have good knowledge (*accha gyan*) then your blood is also good. If you do daily *worship* you are full of god's knowledge, your blood and your heart is pure, and that's why the doctors take it from us'. This

assertion that doctors select Nirankari blood for the moral qualities contained therein portrays biomedicine as a project of moral perfectionism.

These are a particularly interesting set of perceptions since they represent a positive revaluation of the politics of substance on the part of devotees. It is well known that in many Hindu villages throughout India, caste boundaries are maintained through restrictions on who eats and drinks with whom (see, for instance, Lambert 2000). It follows from this that the disruption of these restrictions might produce disruptions in status. What the Nirankaris do is put a very similar logic of substance and transformation to work, but in order to create an opposite, universalising effect—they want to be related to *everybody*, to draw *anybody* towards themselves through donating their blood. Voluntary blood donation is anonymous: donors do not know to whom their blood travels, and recipients have no idea as to the origins of their transfusions. Donating their blood, Nirankari devotees disseminate their viscous love and spirit into unknowable locales, thereby generating a sense of continual spiritual expansion. The very means of preserving particularity and distinctiveness—restrictions on flows of substance—is subverted by the Nirankaris and made to open up onto the universal.

Transmissibility

But there is a problematic flipside to these ideas about the transformative properties of substance. Anthropologists have presented data from diverse parts of India which show that the receiving of unreciprocated gifts is frequently regarded as an extremely morally ambiguous activity. While acts of giving may demonstrate largesse and kingly qualities, recent Indianist scholarship has drawn attention to the physically and spiritually dangerous consequences for recipients of receiving gifts. Giving is a way of expiating sin, but not in the Christian sense of its being a spiritually uplifting act of charity. Rather, the sins and impurities of donors are objectified in the gift and transferred to recipients. Anthropologists have described how in north Indian villages inauspicious gifts are given by high to low caste groups with the effect of endlessly reinforcing the dominance of the high caste groupings. One anthropologist has put this particularly graphically: ultimately, the accepting by Brahmin priests in Banaras

of pilgrims' gifts will lead to 'sin emerg[ing] as excrement vomited at death; it causes the body to rot with leprosy, seeps into the hair, and on death [this sin] makes the corpse particularly incombustible' (Parry 1989: 68-9).

Now, given their potential to threaten life through passing on infection, blood donations seem on one level to literalise such understandings about the dangerous contagiousness of the Indian gift. After all, as the above quotation from Parry indicates, terrible disease is understood by Banaras priests to be the ultimate effect of accepting pilgrims' gifts. However, I do not merely draw an analogy here between the transmission of infection from pilgrims to priests (leprosy, primarily) and that which is all too often transmitted from blood donors to transfusion recipients (AIDS, hepatitis, malaria, and so on). I found evidence that in certain circumstances the expelling of sin has become an aim of blood donation. The Maharashtrian guru Narendra Maharaj, for instance, encourages his followers to give blood at mass donation events organised precisely in order for his devotees to have an opportunity of removing their sins and 'cleansing' themselves. A Delhi-based blood bank doctor provided me with a more detailed example. She told the story of a Sikh man whose wife was suffering from mental illness. He was told by his guru to give three gifts from his body as a means of restoring her sanity. As a Sikh, he did not consider giving his hair. He subsequently attempted to give blood at a Delhi blood bank on three consecutive days. Three months, however, is the officially sanctioned length of time meant to elapse between donations. The man was recognised by blood bank personnel attempting to give for a second time on the second day and barred from making further donations. There is the strong suggestion here that he was attempting to give three gifts of medically utilisable blood as a means of removing the inauspiciousness afflicting his family. The possibility of removing sin via blood donation would seem to make it attractive to precisely those it most needs to repel—i.e. those who have 'sinned' in the conventional senses of engaging in sexual promiscuity or drug use. So '*karmic*' sin potentially collides here with actually transmissible infection. If both the non-material accumulated sins of past actions *and* medically detectable infection are transmissible through blood donation, then the attempt at removing the former obviously heightens the risk of the transmission of the latter—with clearly destructive consequences for transfusion recipients.

There is a further, connected, way in which the devotional approach to blood donation constitutes a problematic kind of 'solution' to the shortage of voluntary blood donors. In his classic comparative work on different systems of procuring blood, *The Gift Relationship* (1970), policy analyst Richard Titmuss argued that systems of paid blood donation foster the creation of the 'avid donor'—so keen to give that he conceals personal information that, if revealed, would disqualify him from giving. What the Indian situation demonstrates is that such avidness may be fostered not only by material reward but by the desire to build up a store of spiritual merit; in other words, spiritual as well as monetary returns are liable to create the avid donor which Titmuss sees as being so detrimental to the quality of donated blood.

Nirankari devotees' donation fervour was abundantly apparent at each donation event I attended. At one event in north Delhi, a female devotee, on being told of her disqualification on the grounds of low haemoglobin, wept, exclaiming, 'Take my blood! Take my blood or I can't go home. Baba Ji says give blood, I must give blood!' At another Nirankari event, a 75 year old man attempted to give blood. When told that donors must be under 60, he said: 'My blood must be taken! Others must live at my expense. What am I? What am I? Take my blood; take my blood, why don't you take my blood?' In an attempt to calm him down, a blood bank technician eventually pricked his finger to produce a drop of blood. (Pricking the fingers of rejected devotee-donors to produce small quantities of blood is a pacification technique practiced by many doctors. It allows disqualified devotees to say they too have bled for their guru on what they call his day of donation). Similarly, at an event in New Delhi, a couple in their 50s were both declared ineligible to donate. The man had recently undergone bypass surgery and the woman had recently suffered from jaundice. To the Red Cross doctor who disqualified them, they said: 'You are rejecting us but we will donate today at another blood bank. Today is my guru's day of donation'. The exasperated doctor turned to me and said, 'They think I have come here only to reject them. But we do it because it is bad for them as well as the one who receives the blood. They will suffer too'.

Harmonising Denial

What the above examples demonstrate is the obvious point that the blood donor screening process is designed not only to eliminate donations that would harm recipients, but also donations that would harm donors. Donating blood in the possession of such knowledge carries a suggestion of self-denial. In fact, it would appear that some donors actually welcome the thought that their physical frailness may make blood donation physically taxing or dangerous for them. They are thus inclined to treat blood donation as an austerity like those practiced in the form of fasts and other meritorious acts of self-denial. Attempts made by physically frail devotees to donate are, of course, viewed extremely negatively by medics. However, if one's priority is to achieve spiritual benefits through meritorious acts of bodily austerity, such a situation may appear as a welcome opportunity.[5]

Such self-denial is frowned upon by medics for the obvious reason that it provides an incentive for the medically unfit to donate their blood who, welcoming it precisely *because* they are unfit to donate, may thereby endanger the ultimate recipients of their largesse. The irony, however, is that self-denial is a profoundly important aspect of blood donation 'ideology' – self-denial is necessary but, in the cases discussed, misplaced. International arbiters of health policy such as the World Health Organisation (WHO) and the Red Cross make specific demands on donors which I see as translating blood donation into a mode of ascetic practice. The blood donation ideology they espouse requires that the blood donor enacts self-care as the simultaneous care of the other (the transfusion recipient). This brand of asceticism is encapsulated in the common exhortatory slogan, 'Safe Blood Starts with Me', which, originally formulated by the WHO, has been adopted by various medical authorities and institutions worldwide including those in India. What it suggests is that donors' conduct and desires must be subjected to habits of control and self-surveillance. Voluntary donors, so the slogan implies, must abstain from actions such as drug use or sexual promiscuity that might lead to the transmission of infection to recipients.

[5] The problem for Nirankari donors is that medical disqualification reveals the body's inability to fulfil the guru's wishes and therefore a lack of spiritual progress. Their gifts of blood are expressions of devotion. Traditionally in Indian ascetic contexts, the more of a gift that a recipient accepts the better the regard the recipient is showing for the giver. Acceptance of a gift is therefore a kind of judgment on a donor's general moral probity. It follows that physical disqualification is experienced by many Nirankari devotees as *moral* disqualification. Many scholars have similarly draw attention to a strong correlation between physical and moral states in India (e.g. Osella and Osella 1996: 41).

Moreover, the two primary functions of the first World Blood Donor Day, held on 14 June 2004, were to thank donors and *to promote healthy lifestyles* among them.

Now consider the tenet, contained in a French Voluntary Blood Donors Code of Honour, which states: 'I declare on my honour:—to remain worthy of being a Voluntary Blood Donor, respecting the rules of morality, good behaviour, and solidarity with fellow human beings' (cited in Ray 1990: 69). This French code is reminiscent of the formal vows undertaken by initiate renouncers, and the ideology of voluntary blood donation does indeed make ascetic demands on donors, with asceticism defined here as 'a regime of self-imposed but at the same time authoritatively prescribed and ordered bodily disciplines' (Laidlaw 1995: 151). A key symbol of the Indian renouncer's (or *sannyasi*'s) world renunciation is his mastery of sensual desire. Blood donor-ascetics must similarly control their desires and pledge—implicitly or explicitly—to enact 'responsible' corporeal trusteeship. The following example again recalls the renouncer's vow: when the son of a friend of mine in Delhi turned eighteen he made a pledge to donate blood three times a year until the age of seventy, recognizing that it is was his responsibility to live healthily and take precautions to avert the causes of hypertension, diabetes, or any other disqualifying condition that could make him an agent of the transmission of infection. To be a blood donor, then, is to enter a subtle complex of duty and obligation - one is asked to safeguard that part of oneself which may become part of another.

The mode of religious asceticism described above in reference to the Sant Nirankaris differs from 'blood donation asceticism' in that is undertaken for the purpose of self-perfection and subsequent freedom from rebirth. Blood donation asceticism, conversely, possesses an outward-directed quality: donors engage in bodily discipline for the protection of future possible recipients of their donated blood. And yet, there need not be a conflict between these modes of asceticism. The following citation, from an article on attempts to encourage blood donation among Buddhist monks and novices studying at a temple school in Chiang Mai, Thailand, suggests that if the acquisition of spiritual merit courtesy of ascetic procedures is correlated with the *effect* rather than with the *act* of donation, then it might actually help safeguard rather than endanger the safety of donated blood:

> Before a statue of the Buddha, they vow to respect their blood as "community blood" and look after it on behalf of the community or anyone who may need it in the future. As monks and novices, they already practice celibacy so there is little or no risk of infection…In this way, they are not only assuring a supply of untainted blood, but are also applying traditional values and culture, and indirectly encouraging youth and community members to abstain from any behaviour that could put the "community blood" at risk of infection. And, in accordance with their tradition, they are accumulating merit that could help them in this or future lives'.[6]

In this example, what I have called blood donation asceticism — i.e. the requirement of constant moral and physical commitment from donors in order to protect their as yet undonated blood, which is held in trust for future recipients — is brought into line with the ascetic restraint demanded of Buddhist practitioners. The taking of a solemn vow not to endanger their blood, made before a statue of the Buddha, bears comparison with the Voluntary Blood Donors Code of Honour cited above, which exhorts signatories to remain worthy of being a voluntary blood donor, 'respecting the rules of morality, good behaviour and solidarity with human beings'. The Buddhist example suggests that merit would ensue less from the specific act of donating blood than from ensuring the safety of transfusion recipients, implying that merit would result from refraining from attempting to donate if, for example, the donor had recently suffered from malaria or hepatitis. Such a configuration of the relationship between merit, act, and effect in such a way that foregrounds the enactment of responsibility for transfusion recipients as the very condition of obtaining merit demonstrates how the safety requirements of blood donation and devotees' concern with merit might be fruitfully reconciled. It could in consequence serve as a kind of ascetic template for helping to re-orient the engagement of Indian devotional orders like the Nirankaris with blood donation procedures.

Conclusion

[6] This citation is drawn from a posting by Laurie Maund made on 11 Nov. 2005 to an e-group called 'SEA-AIDS', hosted by http://www.healthdev.org/eforums. Its title is 'Living Blood Bank: How Thai Buddhist monks are helping their communities prevent HIV'.

For my ending I shall focus on the role of blood donation at *the end*. What I mean by 'blood donation at the end' is a kind of millennial or end-time blood donation. My aim in introducing, at 'the end', the idea of end time blood donation, is to leave the reader with a sense of the sheer diversity of religious significance that is being read into practices of blood donation in India. As was seen above, the Sant Nirankaris treat blood donation as a form of spiritual perfectionism – as a means of guru-worship and the enactment of sacrificial devotion; what I was witness to, in other words, was the formation of an emergent theology of blood donation. But the Sant Nirankari Mission's is by no means the only emergent guru-inspired theology which foregrounds blood donation. [Fig 8]

Aniruddha Bapu lives in a 7 storey building called Happy Home in an affluent area of Mumbai. His devotees consider him, in their own words, the 'highest percentage' incarnation of the god Vishnu since Krishna. Vishnu is the preserver and sustainer of the world. Bapu prophesises that between 2007 and 2025 there will be untold natural and manmade disasters, brought on by man's wretched moral decline. The world will be seriously threatened but will not end—in 2025 the calamities will cease and '*ramrajya*', Bapu's heavenly kingdom on earth, will appear. In his weekly spiritual discourses (*pravachan*) he warns his predominantly middle class devotees that the frequency of disasters is increasing, ready for the deluge of 2007-25, and that only devotion to him will protect them from their ravages.[7] Devotees report his warning: 'Whoever follows me will survive—those who do not, I don't know'. For Bapu and his devotees, disasters the world over are studied and seen as evidence that the events foretold by Bapu are gathering apace. Mumbai is particularly prone to terrorist attacks, communal riots and flooding, and it can be no accident that it is here that this theology of disasters has been developed. But disasters further afield are also scrutinised, with the 11 September attacks on New York having attained particular importance both as a sign of what is to come and as a demonstrative example of the need to offer *bhakti* (devotion) to Bapu and obtain his protection: one United States-based devotee is said to have had a job interview planned in the World Trade Centre for the morning of September 11, 2001. In a telephone call to Bapu prior to the

[7] Other than attend *pravachan*, devotees enact worship through performing a *puja* involving Bapu's footwear called *paduka*.

interview to ask for his advice and blessings, he is reported to have instructed her to cancel the interview, claiming she would die if she did not. She cancelled it and was 'saved'.

Bapu's devotees are first in the queue to donate their blood after bomb blasts in Mumbai, but they also donate *in preparation for forthcoming disasters*.[8] As one devotee told me: 'We need gallons and gallons of blood for the disasters which are going to come'. At a donation event I attended in Mumbai another donor informed me that 'soon there will be rivers of blood flowing so we are donating to get ready for that'. This [blood donation] is for 2007. 2007 is the crack point maximum. So many people are going to die, and we can't help that. But those who survive can take our blood'. Another devotee told me: 'Bapu says, if you donate blood for me once, you will never need to take blood, and neither will your next seven generations'. With the prospect of an imminent period of bloodshed and disaster, it is easy to see the appeal of this!

There is a sense in which this focus on forward planning and medical rationality seems to place Bapu and his organisation in perfect accord with so-called 'scientific modernity'. And yet, to say the least, Bapu fosters utility and planning very much on his own terms. If, in broad brush strokes, classical utility may be understood to be largely concerned with production and conservation, conservation is at the heart of Bapu's concerns; *just as with any incarnation of Vishnu – preserver and sustainer of the world - it must be*. In donating their blood – a consummate action of medical conservation – devotees partake of the guru's sustaining role and therefore his divinity. Mumbai's particular proneness to disaster makes it is easy to see why its citizens might urgently seek some form of protection – and in this case it is a spiritual guru who has stepped forward to offer it in 'theologised' form. There is more than one orientation to protection presented here: in embracing Bapu, devotees insure themselves against the coming ravages; in donating blood as an act of preparedness, they insure others against them too. In addition, these acts for the protection of others "feed back" spiritually to devotees in a manner which bears a poetic similarity to the

[8] Most devotees seemed not to be aware of blood's perishability: refrigerated red cells expire after 30 days, platelets after 6 days. Only frozen plasma can last indefinitely.

action which initially brought it about, with their actions for the protection of others further fortifying them against impending catastrophe.

I have tried in this article to give an indication of the ways in which blood donation has developed into a site of religious creativity and dynamism in India. The devotees whom I have discussed harbour a multiplicity of motivations concerning their gifts of blood. I certainly do not claim that they do not ever give with beneficent intentions; that all they're concerned with is expelling sin in the direction of unwitting transfusion recipients. Rather I have been trying to give a sense of some of the subtle motivations and ideas at play in these contexts, which are certainly not reducible in some simplistic way to *either* giving for personal gain *or* for altruistic reasons. Doctors have been successful in 'appropriating' gurus' devotees as a kind of shortcut method of filling large gaps in supply. But this is not the whole story. What I have tried to do is to retrieve and to seek to understand devotees' own experiences and the ways in which they and their gurus employ a biomedical procedure as a rich corpus of conceptual substance from which to shape their religious lives.

References

Arnold, David. 1993. Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India. Berkeley: University of California Press.

Bray, Tim and K. Prabhakar. 2002. "Blood Policy and Transfusion Practice – India." Tropical Medicine and International Health 7, 6: 477.

Bynum, Caroline Walker. 2007. Wonderful Blood: Theology and Practice in Late Medieval Northern Germany and Beyond. Philadelphia. University of Pennsylvania Press.

Cohen, Lawrence. 2004. "Operability: Surgery at the Margin of the State." In Anthropology in the Margins of the State, eds. Veena Das and Deborah Poole, 165-90. Santa Fe: School of American Research Press.

Copeman, Jacob. 2009. Veins of Devotion: Blood Donation and Religious Experience in North India. New Brunswick, N.J.: Rutgers University Press.

Juergensmeyer, Mark. 1991. Radhasoami Reality: The Logic of a Modern Faith. Princeton: Princeton University Press.

Laidlaw, James. 1995. Riches and Renunciation: Religion, Economy, and Society among the Jains. Oxford. Clarendon Press.

Lambert, Helen. 2000. "Sentiment and Substance in North Indian Forms of Relatedness." In Cultures of Relatedness, ed. Janet Carsten. Cambridge: Cambridge University Press.

Osella, Filippo and Caroline Osella. 1996. "Articulation of Physical and Social Bodies in Kerala." Contributions to Indian Sociology 30, 1: 37-68.

Parry, Jonathan. 1989. On the Moral Perils of Exchange. In Money and the Morality of Exchange, eds. Jonathan Parry and Maurice Bloch. Cambridge: Cambridge University Press.

Ray, Debabrata. 1990. National Guide Book on Blood Donor Motivation. Delhi: Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India.

———. 2003. National Guidebook on Blood Donor Motivation. Delhi: National AIDS Control Organisation.

Starr, Douglas. 2002. "Bad Blood: The 9/11 Blood Donation Disaster." New Republic 227, 5: 13-16.

Strathern, Andrew. 1971. The Rope of Moka: Big-men and Ceremonial Exchange in Mount Hagen, New Guinea. Cambridge: Cambridge University Press.

Titmuss, Richard M. 1970. The Gift Relationship: From Human Blood to Social Policy. London: LSE Books.

Vaudeville, Charlotte. 1974. Kabir. Vol. 1. Oxford: Clarendon Press.

Waldby, Catherine and Robert Mitchell. 2006. Tissue Economies: Blood, Organs, and Cell Lines in Late Capitalism. Durham: Duke University Press.